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## The burden of urological cancers in low and middle income countries

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The burden of cancer in low and middle income countries (LMICs) continues to rise (1). Evaluation of geographical differences in cancer mortality statistics is specifically of interest in LMICs as (inter)national guidelines are potentially less embedded in standard care and objective measurements to assess underlying mechanisms/explanations for the burden of cancer are often lacking. Monitoring mortality statistics in these countries can thus help assess the effectiveness of national and regional health systems in treating and caring for patients with cancer (1).

Torres-Roman et al. deserve to be congratulated for their efforts to monitor mortality rates for prostate cancer at both a regional and national level in Peru (2). The CONCORD initiative from the World Health Organisation (WHO) previously reported prostate cancer statistics for Peru, but data were limited to the capital area of Lima (1). Torres-Roman et al. report prostate cancer mortality rates between 2005-2014 based on data from the Peruvian Ministry of Health, which covers about 70% of all health care providers in Peru. Apart from an overall increase of 15% in mortality rates, substantial variation was observed by geographical region. Mortality rates increased by 16% in the coastal region and highlands, whereas in the rainforest region the rates decreased by 19% (2). One potential explanation for these observed differences could be the difference in ethnic and racial characteristics. The coastal region in Peru has a strong African influence and also has a larger proportion of men above the age of 65 years. In addition to potential differences in access to healthcare, some of the variation in prostate cancer mortality statistics most likely reflects deficiency in reporting systems. Even though this study has its limitations due to missingness and lack of information on other important variables such as ethnicity and socioeconomic status, it provides a first bases for a critical assessment of prostate cancer care in Peru.

Studies like the one from Torres-Roman et al. show that there is a need for improvement and standardisation of (prostate) cancer care in LMICs, but also a need for improvement in data capturing so that objective measurements can be put in place. The years of healthy life lost due to prostate cancer as well as other urological cancers in LMICs is increasing substantially. Even though each tumour group has its own specifications in terms of prevention and control, an epidemiological assessment of cancer burden based on the experience for urological cancers (i.e. prostate, bladder, kidney, and testicular) can therefore inform future assessments of cancer burden. The urological tumour group covers both common and less common cancers (e.g. prostate vs. kidney cancer), sex-specific and cancers that affect both sexes (e.g. testicular vs. bladder cancer), cancers with less known risk factors and those strongly linked with lifestyle risk factors (e.g. prostate vs. bladder cancer).

It is encouraging to see an increase in the number of studies evaluating the burden of cancer in LMICs (3), however given the consistency in observations of an increase in mortality, there is an urgent need to further invest in prevention and management as well as the infrastructure to collect all relevant data at a national level in these LMICs. Accurate information about - cancer burden and how this varies between regions is essential to plan for an adequate health-system response.

## References

1. Allemani C, Matsuda T, Di Carlo V, Harewood R, Matz M, Niksic M, et al. Global surveillance of trends in cancer survival 2000-14 (CONCORD-3): analysis of individual records for 37 513 025 patients diagnosed with one of 18 cancers from 322 population-based registries in 71 countries. *Lancet*. 2018;391(10125):1023-75.
2. Torres-Roman J, Ruiz E, Martinez-Herrera J, Mends braga S, Taxa L, Saldona-Gallo J, et al. Prostate Cancer Mortlaity rates in Peru and its geographic regions. *BJU Int*. 2018;In press.
3. Carioli G, La Vecchia C, Bertuccio P, Rodriguez T, Levi F, Boffetta P, et al. Cancer mortality predictions for 2017 in Latin America. *Ann Oncol*. 2017;28(9):2286-97.